

Please type a plus sign (+) in this box

+

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number



Substitute for form 1449A/PTO

(modified)

# **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

**Complete if known**

Application Number	09/506,081
Filing Date	2/16/2000
First Named Inventor	Jessica Chiu, et al.
Group Art Unit	3739
Examiner Name	Not Assigned
Attorney Docket Number	3764.P025 (Guid. Dis. No. 17520)

*L. Parks*  
*6-12-01*  
*#7/IDS*

Sheet 1 of 1

## **U.S. PATENT DOCUMENTS**

Examiner Initials	Cite No. <sup>1</sup>	U.S. Patent Document Number	Kind Code <sup>2</sup> (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines Where Relevant Passages or Figures Appear
	A1	6,117,064		Apple et al.	10/12/2000	1/6/1998
	A2					
	A3					
	A4					
	A5					
	A6					
	A7					
	A8					
	A9					
	A10					
	A11					
	A12					
	A13					

RECEIVED  
APR 9 2001  
TECHNICAL CENTER 8700

## **FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Office <sup>3</sup>	Foreign Patent Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
	B1							
	B2							
	B3							
	B4							
	B5							
	B6							

Examiner Signature

Date Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number. <sup>2</sup> See attached Kinds of U.S. Patent Documents. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard St.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.



Conf 3739

Please type a plus sign (+) inside this box → ☐

Guidant Disclosure No.: 17520

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/506,081
	Filing Date	2/16/2000
	First Named Inventor	Jessica Chiu, et al.
	Group Art Unit	3739
	Examiner Name	Not Assigned
Total Number of Pages in This Submission	Attorney Docket Number	3764.P025

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Postcards (2), 1 Cited Reference</b>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Please charge any insufficiencies, if any, to Deposit Account Number 02-2666	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	George P. Simion, Reg. No. 47,089
Signature	
Date	4/10/2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 4-11-01			
Typed or printed name	Monica Wiersma		
Signature		Date	4-11-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.